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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24737

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number:

24737

OR

| | | | |
|--|-------|-----|-----|
| <input type="checkbox"/> Firm or Individual Name | | | |
| Address | | | |
| City | State | Zip | |
| Country | | | |
| Telephone | | | Fax |


Assignee Name and Address:

KONINKLIJKE PHILIPS ELECTRONICS N.V.
Groenewoudseweg 1
5621 BA Eindhoven, The Netherlands

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

| | | | |
|-----------|---|-----------|-----------------|
| Signature |  | Date | 14 January 2005 |
| Name | Michael E. Marion | Telephone | (914) 333-9637 |
| Title | Authorized Representative | | |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: KONINKLIJKE PHILIPS ELECTRONICS N.V.

Application No./Patent No.: CONCURRENTLY Filed/Issue Date: CONCURRENTLY

Entitled: METHOD AND APPARATUS FOR SELECTING THE OPERATING PARAMETERS FOR A MEDICAL IMAGING SYSTEM

KONINKLIJKE PHILIPS ELECTRONICS N.V., a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or

2. ☐ an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

May 31, 2005

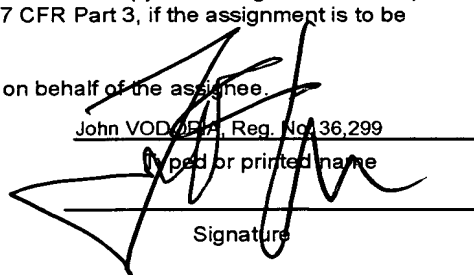
Date

(914) 333-9627

Telephone number

John VODONIS, Reg. No. 36,299

Typed or printed name



Signature

Corporate Counsel

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
Submitted With Initial
Filing **OR** ☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

| | |
|-------------------------------|-----------------|
| Attorney Docket Number | US020613 |
| First Named Inventor | Yasser alSafadi |
| COMPLETE IF KNOWN | |
| Application Number | / |
| Filing Date | |
| Group Art Unit | |
| Examiner Name | |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR SELECTING THE OPERATING PARAMETERS FOR
A MEDICAL IMAGING SYSTEM**

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) Country | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|---|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

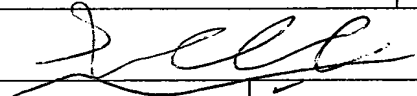
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

| | | | | | |
|---|--|--|---|------------------|---|
| Direct all correspondence to: | | <input checked="" type="checkbox"/> Customer Number or Bar Code Label | <u>*24737*</u> | OR | <input type="checkbox"/> Correspondance address below |
| Philips Electronics North America Corporation | | | | | |
| Name | | | | | |
| Address | | | | | |
| City | | State | | 1051-5190 ZIP | |
| U.S.A. | | (914)332-0222 | | (914) 332-0815 | |
| Country | | Telephone | | Fax | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | |
| <u>Yasser</u> | | | <u>alSafadi</u> | | |
| Inventor's Signature  | | | Date <u>12/4/03</u> | | |
| Yorktown Heights | | NY | USA | USA | |
| Residence: City | | State | Country | Citizenship | |
| 2227 Mohansic Avenue | | | | | |
| Mailing Address | | | | | |
| Yorktown Heights | | NY | 10598 | USA | |
| City | | State | Zip | Country | |
| NAME OF SECOND INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | |
| <u>Larry</u> | | | <u>Eshelman</u> | | |
| Inventor's Signature | | | Date | | |
| Ossining | | NY | USA | USA | |
| Residence: City | | State | Country | Citizenship | |
| 62 Linden Avenue, Apt. 2 | | | | | |
| Mailing Address | | | | | |
| Ossining | | NY | 10562 | USA | |
| City | | State | Zip | Country | |
| <input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | |

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DECLARATION — Utility or Design Patent Application

| | | | | | |
|---|--|--|---|--------------------|---|
| Direct all correspondence to: | | <input checked="" type="checkbox"/> Customer Number or Bar Code Label | <div>*24737*</div> | OR | <input type="checkbox"/> Correspondence address below |
| Philips Electronics North America Corporation Name | | | | | |
| Address | | | | | |
| City | | State | | ZIP | |
| 1051-5190 | | | | | |
| U.S.A. | | Telephone | | Fax | |
| Country | | (914)332-0222 | | (914) 332-0615 | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | |
| Yasser | | | alSafadi | | |
| Inventor's Signature | | | Date | | |
| Residence: City | | State | Country | Citizenship | |
| Yorktown Heights | | NY | USA | USA | |
| Mailing Address | | | | | |
| 2227 Mohansic Avenue | | | | | |
| City | | State | Zip | Country | |
| Yorktown Heights | | NY | 10598 | USA | |
| NAME OF SECOND INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | |
| Larry | | | Eshelman | | |
| Inventor's Signature X | | | Date X | | |
| Larry J Eshelman | | | Dec 1, 2003 | | |
| Ossining | | State | Country | Citizenship | |
| Residence: City | | State | Country | Citizenship | |
| Ossining | | NY | USA | USA | |
| Mailing Address | | | | | |
| 62 Linden Avenue, Apt. 2 | | | | | |
| City | | State | Zip | Country | |
| Ossining | | NY | 10562 | USA | |
| <input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | |

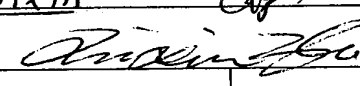
Please type a plus sign (+) inside this box → 

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1

| | | | |
|--|------------------|---|-------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Xinxin | | Zhu | |
| Inventor's Signature X  | | Date X 12/08/2003 | |
| Residence: City | Croton-on-Hudson | State | NY |
| Country | USA | Citizenship | China |
| Mailing Address 24 Scenic Circle | | | |
| Mailing Address | | | |
| City | Croton-on-Hudson | State | NY |
| ZIP | 10520 | Country | USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Amr | | Yassin | |
| Inventor's Signature | | Date | |
| Residence: City | Chesterfield | State | MO |
| Country | USA | Citizenship | Egypt |
| Mailing Address 736 The Hamptons Lane | | | |
| Mailing Address | | | |
| City | Chesterfield | State | MO |
| Zip | 63017 | Country | USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | | State | |
| Country | | Citizenship | |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | |
| Zip | | Country | |

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Please type a plus sign (+) inside this box →



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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1

| | | | |
|--|------------------|---|-------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Katie | | Zhu | |
| Inventor's Signature | | Date | |
| Residence: City | Croton-on-Hudson | State | NY |
| Country | USA | Citizenship | China |
| Mailing Address 24 Scenic Circle | | | |
| Mailing Address | | | |
| City | Croton-on-Hudson | State | NY |
| ZIP | 10520 | Country | USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Amr | | Yassin | |
| Inventor's Signature x | | Date x 12/5/0 | |
| Residence: City | Chesterfield | State | MO |
| Country | USA | Citizenship | Egypt |
| Mailing Address 736 The Hamptons Lane | | | |
| Mailing Address | | | |
| City | Chesterfield | State | MO |
| Zip | 63017 | Country | USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | | State | |
| Country | | Citizenship | |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | |
| Zip | | Country | |

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